

## Fill in this information to identify the case:

Debtor name IWHealth, LLC  
 United States Bankruptcy Court for the: Southern District of Texas  
 (State)  
 Case number (if known): 22-60021

☐ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☐ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
**Amount of claim**  
 Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

**2.1** Creditor's name

Describe debtor's property that is subject to a lien

\_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address

\_\_\_\_\_  
 \_\_\_\_\_

Creditor's email address, if known

\_\_\_\_\_  
**Is the creditor an insider or related party?**

- ☐ No  
☐ Yes

Date debt was incurred

**Is anyone else liable on this claim?**

Last 4 digits of account number

- ☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☐ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.2** Creditor's name

Describe debtor's property that is subject to a lien

\_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address

\_\_\_\_\_  
 \_\_\_\_\_

Creditor's email address, if known

\_\_\_\_\_  
**Is the creditor an insider or related party?**

- ☐ No  
☐ Yes

Date debt was incurred

**Is anyone else liable on this claim?**

Last 4 digits of account number

- ☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☐ No  
☐ Yes. Have you already specified the relative priority?  
☐ No. Specify each creditor, including this creditor, and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

## 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ \_\_\_\_\_